

ARB New Employee Health & Safety Check List

The supervisor and the new employee should review this checklist within seven days after he/she begins work. This applies to transfers from other Sections/Divisions as well. The completed form will be kept in the manager's files.

Name of New Employee: _____

Date of Hire: _____

Things to discuss:

- ☐ Information about the Injury & Illness Prevention Program Manual. Where to locate safety information in the building and on the ARB web site, including Administrative Services Letters (ASLs).
- ☐ When and where to report unsafe conditions, including telephone numbers.
- ☐ Location of evacuation routes and meeting sites (relocation site, if applicable)
- ☐ Provide the Emergency Action Plan for the building where he/she works, names of Emergency Team members, location of fire extinguishers and first aid kits, and other safety equipment as appropriate.
- ☐ Offer Form Cal/EPA-005 "Emergency Evacuation Assistance Information" to inquire if there is a need for assistance during emergency evacuation.
- ☐ Information about evacuation drills, earthquake drills (duck, cover & hold) and other type training of emergency preparedness.
- ☐ Building security rules and the after-hour work policy.
- ☐ The importance of reporting accidents. Blood spills especially should be reported, isolated and cleaned by Janitorial Staff or others who are trained and have the proper cleaning equipment for this task.
- ☐ Ensure that they have Form ASD/MSB-197 "Bomb Threat Telephone Calls" card by their telephone.
- ☐ The importance of setting up a workstation that fits him/her ergonomically. Pamphlets are available, contact the Safety Coordinator.
- ☐ Provide the safety training and equipment that he/she will need to perform his/her job. This includes instructions on how to use equipment and the importance of observing all manufacturer/supplier safety instructions and warnings, including Material Safety Data Sheets.
- ☐ If the employee will be driving on state business; they are required to take defensive driver's training once every four years. Provide information on what to do if involved in a vehicle accident while driving on state business.
- ☐ Ask if he/she has any allergies to medicines and obtain contact(s) for emergencies and record/document information. This information is voluntary and kept confidential.

We discussed the items above:

Supervisor: _____ Date: _____

Employee: _____ Date: _____